# PARTNERSHIP HEALTHPLAN OF CALIFORNIA POLICY/ PROCEDURE

Policy/Procedur KK Q1201)	e Number: M	IPQP1008 (pr	Lead Department: Health Services Business Unit: Quality Improvement		
Policy/Procedur	e <b>Title:</b> Confl	ict of Interest	<ul><li>☑ External Policy</li><li>☐ Internal Policy</li></ul>		
<b>Original Date</b> : 04/25/1994			Next Review Date: 08/13/2026 Last Review Date: 08/13/2025		
Applies to:	☐ Employees		⊠ Medi-Cal	☑ Partnership Advantage	
Reviewing	□ IQI		□ P & T	□ QUAC	
<b>Entities:</b>	☐ OPERATIONS		☐ EXECUTIVE	☐ COMPLIANCE	☐ DEPARTMENT
Approving Entities:	☐ BOARD		☐ COMPLIANCE	☐ FINANCE	<b>⊠ PAC</b>
	□ СЕО	□ COO	☐ CREDENTIALS	☐ DEPT. DIRECTOR/OFFICER	
Approval Signat	ture: Robert N	Moore, MD, M	<b>Approval Date: 08/13/2025</b>		

## I. RELATED POLICIES:

- A. CMP10 Confidentiality
- B. MPQP1053 Peer Review Committee
- C. MPQP1002 Quality/Utilization Advisory Committee
- D. MPCR200 Credentialing Committee and CMO Credentialing Program Responsibilities

## II. IMPACTED DEPTS:

A. Health Services

## III. DEFINITIONS:

N/A

# IV. ATTACHMENTS:

A. Conflict of Interest Agreement

## V. PURPOSE:

To describe the mechanism to ensure that a conflict of interest does not exist when contracted providers, who are members of Partnership HealthPlan of California (Partnership) committees, perform peer review or quality improvement activities.

## VI. POLICY / PROCEDURE:

- A. All non-Partnership persons involved in Partnership peer review activities or committees shall sign a conflict of interest statement annually.
- B. Conflict of interest is defined as any involvement in the care of the member involved in the review, any fiduciary interest or fiduciary relationship with the provider under review, or any other involvement in the case that may impact objectivity in performing the review. Note a provider is a broad term that could include physicians or other direct care providers and vendors.
- C. Committee members or peer reviewers with a conflict of interest in a particular case will notify the Medical Director for Quality or the Committee Chair, and excuse themselves from receiving related materials and from participating in the review.
- D. Should a situation arise wherein this policy is not followed, the appropriate Committee and/or its Chair will determine appropriate action and notify the individuals(s) verbally and in writing.

# VII. REFERENCES:

N/A

Policy/Procee QP100108 &	dure Number: MPQP1 KK Q1201)	1008 (previously	<b>Lead Department: Health Services</b> Business Unit: Quality Improvement	
Policy/Proceed Activities	dure Title: Conflict of	Interest Policy for QI	<ul><li>☑ External Policy</li><li>☐ Internal Policy</li></ul>	
Original Date	e: 04/25/1994		Next Review Date: 08/13/2026 Last Review Date: 08/13/2025	
Applies to:	☐ Employees	⊠ Medi-Cal	☑ Partnership Advantage	

#### VIII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

## IX. PERSON RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer

# X. REVISION DATES:

Medi-Cal

01/27/95; 10/10/97 (name change only); 12/98; 6/21/00; 05/16/01; 08/20/03; 09/15/04; 04/19/06; 04/18/07; 02/20/08; 03/18/09; 04/21/10; 08/15/12; 08/20/14; 09/16/15; 10/19/16; 11/15/17; \*10/10/18; 11/13/19; 11/11/20; 11/10/21; 11/09/22; 11/08/23; 11/13/24; 08/13/25

Partnership Advantage (effectiveness Jan. 1, 2027)

N/A

## PREVIOUSLY APPLIED TO:

\*Through 2017, Approval Date reflective of the Quality Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

## PREVIOUSLY APPLIED TO:

Partnership*Advantage*:

MPQP1008 - 04/18/2007 to 01/01/2015

**Healthy Families:** 

MPQP1008 - 08/15/2012 to

03/01/2013 Healthy Kids: (KK

QI201, MPQP1008)

 $04/18/07; 02/20/08; 03/18/09; 04/21/10; 08/15/12; 08/20/14; 09/16/15; 10/19/16 \ to \ 12/01/16 \ (Healthy \ Kids \ Program \ ended \ 12/01/2016)$